

Filing Status ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Holly L	Last name Baade	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]	State [REDACTED]	ZIP code [REDACTED]	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
[REDACTED]	[REDACTED]	[REDACTED]	Son	☐	☒
[REDACTED]	[REDACTED]	[REDACTED]	Daughter	☐	☒
				☐	☐
				☐	☐

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
Standard Deduction for- - Single or Married filing separately, \$12,400 - Married filing jointly or Qualifying widow(er), \$24,800 - Head of household, \$18,650 - If you checked any box under Standard Deduction, see instructions.	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
	8	Other income from Schedule 1, line 9	8	(78,541)
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	(78,541)
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income	10c	0
	11	Subtract line 10c from line 9. This is your adjusted gross income	11	(78,541)
	12	Standard deduction or itemized deductions (from Schedule A).	12	18,650
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	18,650
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	0
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax .	24	0
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	38
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	38
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	3,584
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	0
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits .	32	3,584
33	Add lines 25d, 26, and 32. These are your total payments .	33	3,622
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .	34	3,622
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. ☐	35a	3,622
b	Routing number		
c	Type: ☐ Checking ☒ Savings		
d	Account number		
36	Amount of line 34 you want applied to your 2021 estimated tax .	36	
37	Subtract line 33 from line 24. This is the amount you owe now . Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	0
38	Estimated tax penalty (see instructions)	38	

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

Direct deposit?
See instructions.

Amount You Owe

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions

☐ Yes. Complete below. ☒ No

Designee's name

Phone no.

Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no.

Email address

Paid Preparer Use Only

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Preparer's name

Phone no.

Firm's name

Firm's address

Firm's EIN

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Holly L. Baade

Your social security number

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	(99,419)
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	20,878
8	Other income. List type and amount	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8	9	(78,541)

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	0

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2020

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2020

Attachment
Sequence No. **09**

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

Holly L Baade

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

Yoga Teacher

B Enter code from instructions
999999

C Business name. If no separate business name, leave blank.

Mettacine

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2020, check here ☐ Yes ☐ No

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions ☒ Yes ☐ No

J If "Yes," did you or will you file required Form(s) 1099? ☒ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	51,000
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	51,000
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3.	5	51,000
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	51,000

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	5,000	18 Office expense (see instructions)	18	2,000
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	2,156	a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	114,000
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	5,000
15 Insurance (other than health)	15	2,700	23 Taxes and licenses	23	1,217
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b	3,000	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	399	25 Utilities	25	8,000
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28	150,419	26 Wages (less employment credits)	26	6,947
29 Tentative profit or (loss). Subtract line 28 from line 7	29	(99,419)	27a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.			b Reserved for future use	27b	
Simplified method filers only: Enter the total square footage of (a) your home: 1,000 and (b) the part of your home used for business: 200 . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30					
31 Net profit or (loss). Subtract line 30 from line 29.					
• If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity. See instructions.					
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.					
	31	(99,419)	32a ☒ All investment is at risk.		
			32b ☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020

SCHEDULE EIC
(Form 1040)Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return**Earned Income Credit**
Qualifying Child Information

OMB No. 1545-0074

2020Attachment
Sequence No. **43**

- **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
- **Go to www.irs.gov/ScheduleEIC for the latest information.**

Your social security number

Holly L Baade**Before you begin:**

- See the instructions for Form 1040 or 1040-SR, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

- You can't claim the EIC for a child who didn't live with you for more than half of the year.

CAUTION!

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information**Child 1****Child 2****Child 3****1 Child's name**

If you have more than three qualifying children, you have to list only three to get the maximum credit.

First name

Last name

First name

Last name

First name

Last name

2 Child's SSN

The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 27, unless the child was born and died in 2020. If your child was born and died in 2020 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.

3 Child's year of birthYear 2003

If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

Year

If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

Year

If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

4a Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?

☐ Yes.☐ No.

Go to
line 5.

Go to line 4b.

☐ Yes.☐ No.

Go to
line 5.

Go to line 4b.

☐ Yes.☐ No.

Go to
line 5.

Go to line 4b.

b Was the child permanently and totally disabled during any part of 2020?

☐ Yes.☐ No.

Go to
line 5.

The child is not a
qualifying child.

☐ Yes.☐ No.

Go to
line 5.

The child is not a
qualifying child.

☐ Yes.☐ No.

Go to
line 5.

The child is not a
qualifying child.

5 Child's relationship to you

(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)

DAUGHTER**6 Number of months child lived with you in the United States during 2020**

• If the child lived with you for more than half of 2020 but less than 7 months, enter "7."

• If the child was born or died in 2020 and your home was the child's home for more than half the time he or she was alive during 2020, enter "12."

12 months

Do not enter more than 12
months.

 months

Do not enter more than 12
months.

 months

Do not enter more than 12
months.

1040

Overflow Statement

2020
Page 6

Name(s) as shown on return

Holly L Baade

Your Social Security Number

Office Expense

Description	Amount
Office Supplies	\$ 2,000
Total:	<u>\$ 2,000</u>

1040

Overflow Statement

2020
Page 5

Name(s) as shown on return

Holly L Baade

Your Social Security Number

Legal And Prof Svcs

Description	Amount
Legal Zoom	\$ 399
Total:	<u>\$ 399</u>

1040

Overflow Statement

2020
Page 3

Name(s) as shown on return

Holly L Baade

Your Social Security Number

Insurance

Description	Amount
Liability Insurance	\$ 2,700
Total:	<u>\$ 2,700</u>

1040**Overflow Statement****2020**
Page 4

Name(s) as shown on return

Holly L Baade

Your Social Security Number

Interest Other**Description****Amount**

Purchase of Business Lease Holding Teya Chavez

\$ 3,000

Total:\$ 3,000

1040

Overflow Statement

2020
Page 10

Name(s) as shown on return

Holly L Baade

Your Social Security Number

Utilities

Description	Amount
PGE	\$ 7,200
Phone	800
Total:	<u>\$ 8,000</u>

1040**Overflow Statement****2020**
Page 11

Name(s) as shown on return

Holly L Baade

Your Social Security Number

Wages**Description****Amount**

Wages

\$ 6,947

Total:\$ 6,947

1040

Overflow Statement

2020
Page 9

Name(s) as shown on return

Holly L Baade

Your Social Security Number

Taxes And Licenses

Description	Amount
Fica Tax	\$ 1,217
Total:	<u>\$ 1,217</u>

1040

Overflow Statement

2020
Page 7

Name(s) as shown on return

Holly L Baade

Your Social Security Number

Rent Other

Description**Amount**

Lease Payments

\$ 114,000

Total:

\$ 114,000

1040

Overflow Statement

2020
Page 8

Name(s) as shown on return

Holly L Baade

Your Social Security Number

Supplies

Description	Amount
Computer	\$ 5,000
Total:	<u>\$ 5,000</u>

1040

Overflow Statement

2020
Page 2

Name(s) as shown on return

Holly L Baade

Your Social Security Number

Contract Labor

Description

Amount

Contract labor

\$ 2,156

Total:

\$ 2,156

1040

Overflow Statement

2020
Page 1

Name(s) as shown on return

Holly L Baade

Your Social Security Number

Advertising

Description	Amount
Printing	\$ 2,000
Marketing	2,500
Business Cards	500
Total:	<u>\$ 5,000</u>

Schedule A - NOL (see instructions)

1	For individuals, subtract your standard deduction or itemized deductions from your adjusted gross income and enter it here. For estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount (see instructions)			1	(97,191)
2	Nonbusiness capital losses before limitation. Enter as a positive number (see instructions)	2			
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	3			
4	If line 2 is more than line 3, enter the difference. Otherwise, enter -0-	4			
5	If line 3 is more than line 2, enter the difference. Otherwise, enter -0-	5			
6	Nonbusiness deductions (see instructions)	6	18,650		
7	Nonbusiness income other than capital gains (see instructions)	7			
8	Add lines 5 and 7	8			
9	If line 6 is more than line 8, enter the difference. Otherwise, enter -0-	9			18,650
10	If line 8 is more than line 6, enter the difference. Otherwise, enter -0-. But don't enter more than line 5.	10			
11	Business capital losses before limitation. Enter as a positive number	11			
12	Business capital gains (without regard to any section 1202 exclusion)	12			
13	Add lines 10 and 12	13			
14	Subtract line 13 from line 11. If zero or less, enter -0-	14			
15	Add lines 4 and 14	15			
16	Enter the loss, if any, from line 16 of your 2020 Schedule D (Form 1040). (For estates and trusts, enter the loss, if any, from line 19, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you don't have a loss on that line (and don't have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15	16			
17	Section 1202 exclusion. Enter as a positive number (see instructions)	17			
18	Subtract line 17 from line 16. If zero or less, enter -0-	18			
19	Enter the loss, if any, from line 21 of your 2020 Schedule D (Form 1040). (For estates and trusts, enter the loss, if any, from line 20 of Schedule D (Form 1041).) Enter as a positive number	19			
20	If line 18 is more than line 19, enter the difference. Otherwise, enter -0-	20			
21	If line 19 is more than line 18, enter the difference. Otherwise, enter -0-	21			
22	Subtract line 20 from line 15. If zero or less, enter -0-	22			
23	NOL deduction for losses from other years. Enter as a positive number	23			
24	NOL. Combine lines 1, 9, 17, and 21 through 23. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you don't have an NOL	24			(78,541)

FOR ALT MIN TAX PURPOSES ONLY

Form 1045 (2020)

Holly L Baade

Page 3

Schedule A - NOL (see instructions)

1	For individuals, subtract your standard deduction or itemized deductions from your adjusted gross income and enter it here. For estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount (see instructions)	1	
2	Nonbusiness capital losses before limitation. Enter as a positive number (see instructions)	2	
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	3	
4	If line 2 is more than line 3, enter the difference. Otherwise, enter -0-	4	
5	If line 3 is more than line 2, enter the difference. Otherwise, enter -0-	5	
6	Nonbusiness deductions (see instructions)	6	18,650
7	Nonbusiness income other than capital gains (see instructions)	7	
8	Add lines 5 and 7	8	
9	If line 6 is more than line 8, enter the difference. Otherwise, enter -0-	9	18,650
10	If line 8 is more than line 6, enter the difference. Otherwise, enter -0-. But don't enter more than line 5.	10	
11	Business capital losses before limitation. Enter as a positive number	11	
12	Business capital gains (without regard to any section 1202 exclusion)	12	
13	Add lines 10 and 12	13	
14	Subtract line 13 from line 11. If zero or less, enter -0-	14	
15	Add lines 4 and 14.	15	
16	Enter the loss, if any, from line 16 of your 2019 Schedule D (Form 1040 or 1040-SR). (For estates and trusts, enter the loss, if any, from line 19, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you don't have a loss on that line (and don't have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15.	16	
17	Section 1202 exclusion. Enter as a positive number (see instructions)	17	
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	
19	Enter the loss, if any, from line 21 of your 2019 Schedule D (Form 1040 or 1040-SR). (For estates and trusts, enter the loss, if any, from line 20 of Schedule D (Form 1041).) Enter as a positive number.	19	
20	If line 18 is more than line 19, enter the difference. Otherwise, enter -0-	20	
21	If line 19 is more than line 18, enter the difference. Otherwise, enter -0-	21	
22	Subtract line 20 from line 15. If zero or less, enter -0-	22	
23	Domestic production activities deduction from your 2020 return (see instructions)	23	
24	NOL deduction for losses from other years. Enter as a positive number	24	
25	NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you don't have an NOL	25	(78,541)

EEA

Form 1045 (2020)

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2020Department of the Treasury
Internal Revenue Service► Attach to your tax return.
► Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

Holly L Baade

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: Mettaccine		(99,419)
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	(99,419)	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	0	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	0	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	0	
11	Taxable income before qualified business income deduction	11	(97,191)	
12	Net capital gain (see instructions)	12	0	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0	
14	Income limitation. Multiply line 13 by 20% (0.20)	14	0	
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ►	15	0	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(99,419)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0)	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2020)

EEA

Amount from Form 1040, line 11 **(78,541)**Amount from Form 1040, line 12 **18,650**Line 11 above is the difference between these amounts **(97,191)**